

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90140 034 \*\*\*150.00

**DOCUMENT # P97000003646**

1. Entity Name  
**STICKERMANIA, INC.**

Principal Place of Business  
**7257 NW 4 BLVD STE 73**  
**GAINESVILLE FL 32607**

Mailing Address  
**7257 NW 4 BLVD STE 73**  
**GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**7257 NW 4th BLVD**

3. Mailing Address  
 Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**STE. #73**

City & State  
**GAINESVILLE, FL**

City & State

4. FEI Number **59-3418233**

Applied For  
 Not Applicable

Zip Country  
**32607 ALACHUA**

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MINK, CARL**  
**18805 NW 80TH TERRACE**  
**ALACHUA FL 32615**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SYER, SERENE	7257 NAW 4 BLVD STE 73	GAINESVILLE FL 32607	<input type="checkbox"/>
VP	PORITZ, JASON	18709 NW 80TH TERRACE	ALACHUA FL 32615	<input type="checkbox"/>
S	PORITZ, JEROME	7257 NW 4TH BLVD, #46	GAINESVILLE FL 32607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jason Poritz **4/14/01** **904-462-0475**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)